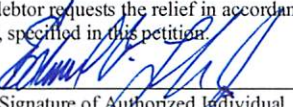


UNITED STATES BANKRUPTCY COURT Southern District of Texas		VOLUNTARY PETITION
Name of Debtor (if individual, enter Last, First, Middle): University General Health System, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 71-0822436		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): 7501 Fannin Street Houston, TX <div style="text-align: right;">ZIP CODE 77054</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP CODE</div>
County of Residence or of the Principal Place of Business: Harris		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right;">ZIP CODE</div>		
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div>
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box.) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." </div> <div> <input checked="" type="checkbox"/> Debts are primarily business debts. </div> </div>
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): University General Health System, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue (Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <div style="margin-left: 400px;"> _____ (Name of landlord that obtained judgment) </div> <div style="margin-left: 400px; margin-top: 20px;"> _____ (Address of landlord) </div> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): University General Health System, Inc.	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Debtor X _____ Signature of Joint Debtor _____ Telephone Number (if not represented by attorney) _____ Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ (Signature of Foreign Representative) _____ (Printed Name of Foreign Representative) _____ Date	
Signature of Attorney* X <u>/s/Joshua W. Wolfshohl</u> Signature of Attorney for Debtor(s) <u>Joshua Wolfshohl</u> Printed Name of Attorney for Debtor(s) <u>Porter Hedges LLP</u> Firm Name <u>1000 Main Street, 36th Floor</u> <u>Houston, TX 77002</u> Address <u>(713) 226-6695</u> Telephone Number <u>02/27/2015</u> Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Signature _____ Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. X  Signature of Authorized Individual <u>Edward T. Laborde, Jr.</u> Printed Name of Authorized Individual <u>Director, General Counsel, and Secretary</u> Title of Authorized Individual <u>02/27/2015</u> Date			

SCHEDULE 1
SCHEDULE OF DEBTORS

On the date hereof, each of the affiliated entities listed below (including the debtor in this chapter 11 case) filed in this Court a petition for relief under chapter 11 of title 11 of the United States Code. Substantially contemporaneously with the filing of these petitions, these entities filed a motion requesting that their respective chapter 11 cases be jointly administered for procedural purposes only.

DEBTOR	TAX ID NO.
UGHS Autimis Billing, Inc.	45-2673352
UGHS Autimis Coding, Inc.	45-2673425
UGHS ER Services, Inc.	45-4346646
UGHS Hospitals, Inc.	45-2043583
UGHS Management Services, Inc.	45-2454100
UGHS Support Services, Inc.	45-2673511
University General Health System, Inc.	71-0822436
University General Hospital, LP	20-3317964
University Hospital Systems LLP	20-3173778

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

	x	
In re:	:	
	:	Case No. BK-N-15-
UNIVERSITY GENERAL HEALTH SYSTEM, INC.	:	Chapter 11
	:	Tax I.D. No. 71-0822436
Debtor	:	
	:	
	:	
	:	
	:	
	x	

EXHIBIT "A" TO VOLUNTARY PETITION

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is, with respect to the debtor's Common Stock.

2. The following financial data is the latest available information available and refers to the debtor's condition on February 26, 2015, except as noted, as consolidated among the debtor and its subsidiaries, including both U.S. entities that are voluntary petitioners hereunder, and non-U.S. entities that are not petitioners hereunder. Please note that this financial data is approximate and derived from unaudited sources. No certification as to its accuracy can be made.

- | | | |
|----|---|--------------|
| a. | Total assets | \$8,628,006 |
| b. | Total debts (including debts listed in 2.c, below) | \$10,209,750 |
| c. | Debt securities held by more than 500 holders: ¹ | |

<u>Debt Security</u>	<u>Secured, Unsecured or Subordinated</u>	<u>Outstanding Principal Amount</u>	<u>Approximate Number of Holders, CUSIP and ISIN</u>
N/A	N/A	N/A	N/A

- d. Number of shares of preferred stock:

¹ The debtor is unable to determine the precise number of holders of its debt securities. However, it elects to identify all outstanding debt securities in response to this inquiry.

<u>Authorized</u>	<u>Issued</u>	<u>Outstanding</u>	<u>Number of Holders</u>
20,000	11,848	7,276	6

e. Number of shares of common stock issued and outstanding as of February 24, 2015:

<u>Authorized</u>	<u>Issued</u>	<u>Outstanding</u>	<u>Approximate Number of Holders and CUSIP</u>
480,000,000	405,029,678	405,029,678	304
			CUSIP: 14270-103

Comments, if any:

There are an additional 43,412,285 shares authorized that are reserved for conversion.

3. Brief description of the debtor's business:

University General Health System, Inc. and its consolidated debtor and non-debtor subsidiaries are a diversified multi-specialty healthcare provider that delivers physician and patient-oriented services. Together, UGHS and its consolidated subsidiaries operate, amongst others, general acute care hospitals, ambulatory surgical centers, hyperbaric wound care centers, diagnostic imaging centers, and physical therapy centers. (See also Declaration of Edward T. Laborde in Support of Chapter 11 Petitions and First Day Pleadings).

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of the debtor:

<u>Name of Beneficial Owner</u>	<u>Amount and Nature of Beneficial Ownership</u>	<u>Percentage of Common Stock</u>	<u>Date of Filing</u>
Hassan Chahadeh	45,796,732	17.5%	March 28, 2011
Felix Spiegel, M.D.	33,977,676	13.4%	March 28, 2011
Kelly Riedel	12,855,108	5%	March 28, 2011

This table is based solely upon filings on Schedule 13D under the Securities Exchange Act of 1934. The latest such filing reflected herein was on March 28, 2011. As of the Petition Date, Hassan Chahadeh had 45,796,732 shares of beneficial ownership, for 11.3% of Common Stock and Felix Spiegel, M.D., had 33,470,176 shares of beneficial ownership, for 8.3% of Common Stock. Kelly Riedel no longer owns, controls, or holds, with power to vote 5% or more of voting securities.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

----- X		
In re:	:	Case No. BK-N-15-
	:	
UNIVERSITY GENERAL HEALTH	:	Chapter 11
SYSTEM, INC.	:	
	:	Tax I.D. No. 71-0822436
Debtor	:	
	:	
	:	
	:	
----- X		

**CONSOLIDATED LIST OF CREDITORS HOLDING
THIRTY LARGEST UNSECURED CLAIMS**

Set forth below is a list of creditors holding the thirty largest unsecured claims against University General Health System, Inc. and certain of its affiliates (collectively, the “Debtors”), as of approximately February 26, 2015. This list has been prepared on a consolidated basis, based upon the books and records of the Debtors. The information presented in the list shall not constitute an admission by, nor is it binding on, the Debtors.

The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this Chapter 11 case. The list does not include (1) persons who come within the definition of “insider” set forth in 11 U.S.C. § 101 or (2) secured creditors, unless the value of the collateral is such that the unsecured deficiency places the creditor among holders of the largest unsecured claims.

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim (if secured, also state value of security)
SIEMENS MEDICAL SOLUTIONS USA, INC. 51 VALLEY STREAM PKWY. MALVERN, PA 19355	SIEMENS MEDICAL SOLUTIONS USA, INC. ATTN: LEGAL DEPT. 51 VALLEY STREAM PKWY. MALVERN, PA 19355 PHONE: 800-466-7873 FAX: 610-448-2554	LITIGATION JUDGMENT	DISPUTED	\$5,031,607.68
NORTHWEST ANESTHESIA & PAIN 17207 KUYKENDAHL RD., SUITE 200 SPRING, TX 77379-8423	NORTHWEST ANESTHESIA & PAIN ATTN: LEGAL DEPT. 17207 KUYKENDAHL RD., SUITE 200 SPRING, TX 77379-8423 PHONE: 281-880-9180	TRADE		\$3,750,000.00
VITAL NEWEIGH CONTROL, INC. 4009 RICHMOND AVE HOUSTON, TX 77027	VITAL NEWEIGH CONTROL, INC. ATTN: LEGAL DEPT. 4009 RICHMOND AVE HOUSTON, TX 77027 PHONE: 713-795-0200 FAX: 713-795-0300	TRADE		\$3,455,000.00
DR. FELIX SPIEGEL 5217 PINES ST. BELLAIRE, TX 77401	DR. FELIX SPIEGEL 5217 PINES ST. BELLAIRE, TX 77401	LOAN		\$2,249,929.00
ACCORD HEALTHCARE 1009 SLATER RD., SUITE 210-B DURHAM, NC 27703	ACCORD HEALTHCARE ATTN: LEGAL DEPT. 1009 SLATER RD., SUITE 210-B DURHAM, NC 27703 PHONE: 919-941-7879 FAX: 919-941-7881	LITIGATION JUDGMENT		\$2,222,941.83
AFCO PREMIUM CREDIT LLC 12160 ABRAMS RD., SUITE 301-L.B.51 DALLAS, TX 75243	AFCO PREMIUM CREDIT LLC ATTN: LEGAL DEPT. 12160 ABRAMS RD., SUITE 301-L.B.51 DALLAS, TX 75243 PHONE: 972-669-8870	INSURANCE PREMIUM FINANCING		\$1,565,278.97
EMERGENCY MEDICAL GROUP LLC D/B/A ELITECARE EMERGENCY CENTER C/O JOHNSON TRENT WEST & TAYLOR, LLP 919 MILAM ST., SUITE 1700 HOUSTON, TX 77054	EMERGENCY MEDICAL GROUP LLC D/B/A ELITECARE EMERGENCY CENTER C/O JOHNSON TRENT WEST & TAYLOR, LLP ATTN: LORI HOOD/TAMARA MADDEN 919 MILAM ST., SUITE 1700 HOUSTON, TX 77054 PHONE: 713-222-2323 FAX: 713-222-2226 LHOOD@JOHNSONTRENT.COM TMADDEN@JOHNSONTRENT.COM	LITIGATION	DISPUTED	\$1,552,680.80
HMS DIRECT 6550 CAROTHERS PARKWAY, SUITE 100 FRANKLIN, TN 37067	HMS DIRECT ATTN: LEGAL DEPT. 6550 CAROTHERS PARKWAY, SUITE 100 FRANKLIN, TN 37067	TRADE		\$1,123,044.13
HUMANA HEALTH PLAN OF TEXAS P.O. BOX 560 CAROL STREAM, IL 60132	HUMANA HEALTH PLAN OF TEXAS ATTN: LEGAL DEPT. P.O. BOX 560 CAROL STREAM, IL 60132 FAX: 713-783-9320	HEALTH INSURANCE		\$931,195.54
HOUSTON MEDICAL DIAGNOSTICS, LTD. 2607 FAIRWAY DR SUGARLAND, TX 77478	HOUSTON MEDICAL DIAGNOSTICS, LTD. ATTN: DR. MOIEN R. BUTT 2607 FAIRWAY DR SUGARLAND, TX 77478 PHONE: 713-797-6666	LOAN		\$770,378.33

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim (if secured, also state value of security)
CAMBRIDGE PROPERTIES 7505 FANNIN ST., SUITE 304 HOUSTON, TX 77054	CAMBRIDGE PROPERTIES ATTN: TREY MILLER 7505 FANNIN ST., SUITE 304 HOUSTON, TX 77054 PHONE: 713-790-1155 FAX: 713-790-0618 TMILLER@CAMPROPERTIES.NET	RENT		\$768,627.90
ADVANCED FUNCTIONAL ASSESSMENTS, INC. 5150 CRENSHAW RD BUILDING D100 PASADENA, TX 77505	ADVANCED FUNCTIONAL ASSESSMENTS, INC. ATTN: LEGAL DEPT. 5150 CRENSHAW RD BUILDING D100 PASADENA, TX 77505 PHONE: 713-943-1100	LOAN		\$633,645.72
REDI-STAFF LLC 5858 WESTHEIMER, SUITE 400 HOUSTON, TX 77057	REDI-STAFF LLC ATTN: LEGAL DEPT. 5858 WESTHEIMER, SUITE 400 HOUSTON, TX 77057 FAX: 713-334-2528	COMPROMISE & SETTLEMENT AGREEMENT		\$621,902.59
ST. JUDE MEDICAL S.C. INC 22400 NETWORK PLACE CHICAGO, IL 60673-1224	ST. JUDE MEDICAL S.C. INC ATTN: LEGAL DEPT. 22400 NETWORK PLACE CHICAGO, IL 60673-1224 PHONE: 888-864-7444 FAX: 800-374-2505	TRADE		\$513,666.07
DR. KENNETH REED REED MIGRAINE CENTERS OF TEXAS, PLLC 11970 N. CENTRAL EXPRESSWAY, SUITE 510 DALLAS, TX 75243	DR. KENNETH REED REED MIGRAINE CENTERS OF TEXAS, PLLC 11970 N. CENTRAL EXPRESSWAY, SUITE 510 DALLAS, TX 75243 PHONE: 866-989-9707	SETTLEMENT AGREEMENT		\$500,000.00
REILLY MEDICAL SYSTEMS LLC 2305 LAKEWAY DR FRIENDSWOOD, TX 77546	REILLY MEDICAL SYSTEMS LLC ATTN: LEGAL DEPT. 2305 LAKEWAY DR FRIENDSWOOD, TX 77546 PHONE: 713-865-1691	TRADE		\$466,850.00
BAYLOR PATHOLOGY CONSULTANTS 1 BAYLOR PLAZA, SUITE 286A HOUSTON, TX 77030	BAYLOR PATHOLOGY CONSULTANTS ATTN: LEGAL DEPT. 1 BAYLOR PLAZA, SUITE 286A HOUSTON, TX 77030 PHONE: 800-262-8848 FAX: 713-473-6778	TRADE		\$459,223.23
RUSTY HARDIN & ASSOCIATES, LLP 1401 MCKINNEY STREET HOUSTON, TX 77010	RUSTY HARDIN & ASSOCIATES, LLP ATTN: LEGAL DEPT. 1401 MCKINNEY STREET HOUSTON, TX 77010 FAX: 713-652-9800	TRADE		\$428,179.31
ADMIRAL LINEN & UNIFORM SERVICE 2030 KIPLING HOUSTON, TX 77098	ADMIRAL LINEN & UNIFORM SERVICE ATTN: LEGAL DEPT. 2030 KIPLING HOUSTON, TX 77098 FAX: 713-759-1318	TRADE		\$412,485.97
W. L. GORE & ASSOCIATES 555 PAPER MILL ROAD NEWARK, DE 19711	W. L. GORE & ASSOCIATES ATTN: LEGAL DEPT. 555 PAPER MILL ROAD NEWARK, DE 19711 PHONE: 800-528-8763	TRADE		\$395,152.97

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim (if secured, also state value of security)
C. FOSTER & ASSOCIATES 5150 CRENSHAW RD, SUITE D100 PASADENA, TX 77505	C. FOSTER & ASSOCIATES ATTN: LEGAL DEPT. 5150 CRENSHAW RD, SUITE D100 PASADENA, TX 77505 PHONE: 713-943-1100 FAX: 713-943-1178	MANAGEMENT FEES		\$358,419.00
OMNI SURGICAL SPINE 5000 PLAZA ON THE LAKE, SUITE 305 AUSTIN, TX 78746	OMNI SURGICAL SPINE ATTN: LEGAL DEPT. 5000 PLAZA ON THE LAKE, SUITE 305 AUSTIN, TX 78746 FAX: 800-640-6045	TRADE		\$346,312.27
NEC KINGWOOD EMERGENCY CENTER, LP C/O GIBSON GRUENERT, PLLC 11200 BROADWAY ST. OFFICE WEST – SUITE 2344 PEARLAND, TX 77584	NEC KINGWOOD EMERGENCY CENTER, LP C/O GIBSON GRUENERT, PLLC ATTN: THOMAS GRUENERT 11200 BROADWAY ST. OFFICE WEST – SUITE 2344 PEARLAND, TX 77584 PHONE: 281-997-2740 FAX: 281-997-2741	PAYABLES	CONTINGENT UNLIQUIDATED DISPUTED	\$346,255.29
COUSINS GREENWAY NINE, LLC P.O. BOX 204516 DALLAS, TX 75230-4516	COUSINS GREENWAY NINE, LLC ATTN: LEGAL DEPT. P.O. BOX 204516 DALLAS, TX 75230-4516	LEASE		\$333,566.04
LISKOW & LEWIS, APLC 701 POYDRAS ST., SUITE 5000 NEW ORLEANS, LA 70139	LISKOW & LEWIS, APLC ATTN: LEGAL DEPT. 701 POYDRAS ST., SUITE 5000 NEW ORLEANS, LA 70139 FAX: 504-556-4120 FIRM@LISKOW.COM	TRADE		\$322,950.69
FIRSTCITY SERVICING CORPORATION PO BOX 8216 WACO, TX 76714-8216	FIRSTCITY SERVICING CORPORATION ATTN: LEGAL DEPT PO BOX 8216 WACO, TX 76714-8216	LOAN		\$299,291.00
WINSTEAD PC 500 WINSTEAD BLDG. 2728 N. HARWOOD ST. DALLAS, TX 75201	WINSTEAD PC ATTN: LEGAL DEPT. 500 WINSTEAD BLDG. 2728 N. HARWOOD ST. DALLAS, TX 75201 PHONE: 214-745-5400 FAX: 214-745-5390 KSULLIVAN@WINSTEAD.COM	TRADE		\$282,733.17
RELIANT ENERGY 1201 FANNIN ST. HOUSTON, TX 77002	RELIANT ENERGY ATTN: LEGAL DEPT. 1201 FANNIN ST. HOUSTON, TX 77002 PHONE: 888-275-6859	TRADE		\$257,597.04
PHILIPS HEALTHCARE P.O. BOX 100355 ATLANTA, GA 30384	PHILIPS HEALTHCARE ATTN: LEGAL DEPT. P.O. BOX 100355 ATLANTA, GA 30384	TRADE		\$231,960.53
JOYCE, MCFARLAND + MCFARLAND 712 MAIN ST., SUITE 1500 HOUSTON, TX 77002	JOYCE, MCFARLAND + MCFARLAND ATTN: LEGAL DEPT. 712 MAIN ST., SUITE 1500 HOUSTON, TX 77002 PHONE: 713-222-1112 FAX: 713-513-5577	TRADE		\$230,272.57

DECLARATION

I, Edward T. Laborde, an authorized signatory for the Debtors in this case, declare under penalty of perjury that I have read the foregoing Consolidated List of Creditors Holding Thirty Largest Unsecured Claims and that it is true and correct to the best of my knowledge, information and belief.

Dated: Houston, Texas
February 27, 2015

By: /s/ Edward T. Laborde
Name: Edward T. Laborde

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

----- X		
In re:	:	Case No. BK-N-15-
	:	
UNIVERSITY GENERAL HEALTH	:	Chapter 11
SYSTEM, INC.	:	
	:	Tax I.D. No. 71-0822436
Debtors.	:	
	:	
	:	
	:	
	:	
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**CORPORATE OWNERSHIP STATEMENT OF
UNIVERSITY GENERAL HEALTH SYSTEM, INC.**

The attached organizational chart identifies all entities in which the above-captioned debtor and debtor in possession (the "Debtor") owns an interest.

In addition, pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedure, the undersigned authorized officer of the Debtor certifies that no entity directly or indirectly owns 10% or more of the Debtor's equity interests.

DECLARATION

I, Edward T. Laborde, an authorized signatory for the Debtor in this case, declare under penalty of perjury that I have read the foregoing Corporate Ownership Statement and that it is true and correct to the best of my knowledge, information and belief.

Dated: Houston, Texas
February 27, 2015

By: /s/ Edward T. Laborde, Jr.
Name: Edward T. Laborde, Jr.

